



**1. UNDERGRADUATE EDUCATION:** List below the colleges or universities you attended. An official transcript with signature and the registrar's official seal is required to be sent **directly** to the Committee from each institution that is listed.

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Name of school: \_\_\_\_\_  
Complete mailing address: \_\_\_\_\_  
Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Degree Awarded: \_\_\_\_\_

Name of school: \_\_\_\_\_  
Complete mailing address: \_\_\_\_\_  
Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Degree Awarded: \_\_\_\_\_

List below the school(s) at which you completed three semester hour courses, or the equivalent, in general biology, human physiology, and human anatomy. An official transcript with signature and the registrar's official seal is required to be sent **directly** to the Committee from each institution that is listed.

**2. Human Anatomy (3 semester hour course)**

Name of school: \_\_\_\_\_

**3. Human Physiology (3 semester hour course)**

Name of school: \_\_\_\_\_

**4. General Biology (3 semester hour course)**

Name of school: \_\_\_\_\_

**5. ACUPUNCTURE EDUCATION:** List below the acupuncture school(s) you attended. An official transcript, with signature and the registrar's official seal, is required to be sent **directly** to the Committee from each school that is listed. (If the transcript does not specify the number of classroom hours of didactic or clinical instruction, you must ask your school to send information to the Committee that indicates the number of classroom hours.)

Name of school: \_\_\_\_\_  
Complete mailing address: \_\_\_\_\_  
Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree Awarded: \_\_\_\_\_

Name of school: \_\_\_\_\_  
Complete mailing address: \_\_\_\_\_  
Dates attended: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Degree Awarded: \_\_\_\_\_

**6. SUPERVISED PRACTICE:**

List the number of hours spent in the supervised diagnosis and treatment of patients for whom you were solely responsible (100 hours required) \_\_\_\_\_

**7. CHINESE HERBAL THERAPY COURSES:** List the number of hours of Committee on Acupuncture (COA) approved Chinese Herbal Therapy Courses (30 hours required) \_\_\_\_\_

**8. ACUPUNCTURE LICENSES**

Have you ever been licensed or registered to practice acupuncture in Massachusetts?  YES  NO

List states and countries in which you are currently or were licensed, registered or otherwise practiced acupuncture. (applicants who have been licensed in other states must have each state send **directly** to the Committee the enclosed "Verification of Licensure" form--see the "Requirements and Instructions" booklet.)  None

<u>State (abb.)</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

**9. LICENSES OTHER THAN ACUPUNCTURE**

List states and countries in which you are or were licensed, registered or otherwise practiced a healing art other than acupuncture, such as nursing, medicine, chiropractic, dentistry, etc. (Applicants who have licenses in Massachusetts or other states must have each state send **directly** to the Committee the enclosed "Verification of Licensure" form.)  None

<u>State</u>	<u>License Number</u>	<u>Date Issued</u>	<u>Expiration Date</u>
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____
_____	_____	____/____/____	____/____/____

**10. A. CERTIFICATION EXAMINATIONS:**

List acupuncture licensure and certification examinations you have taken previously. (Include the NCCAOM written exam, the NCCAOM practical exam of point location skills (PEPLS), the CCAOM CNT/Practical course, and state and foreign licensure examinations.) Add a separate sheet of paper if necessary.

<u>Name of Examination</u>	<u>Date Attempted</u>	<u>Examination Result</u>
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
_____	____/____/____	<input type="checkbox"/> Passed <input type="checkbox"/> Failed

**10. B. BOARD CERTIFICATION(S):**

Applicants for a full acupuncture license must be currently NCCAOM board certified. Please indicate your board certification(s)

- Acupuncture                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Oriental Medicine                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Chinese Herbology                      Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**11. CHRONOLOGY OF ACTIVITIES:**

Please list below, in detailed chronological order, your acupuncture and/or other work activities from the date you graduated from acupuncture school to the date that this application for a full license is signed and dated:

Date of graduation from Acupuncture School: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATE FROM	DATE TO	LIST ALL ACTIVITIES IN CHRONOLOGICAL ORDER – LIST YOUR MOST RECENT ACTIVITY FIRST

Continue on another piece of paper and provide a current curriculum vitae

**12. CERTIFICATIONS**

Massachusetts General Laws Chapter 62C, section 49A, requires that you complete this statement to obtain licensure to practice in Massachusetts:

I, \_\_\_\_\_  
(Print name)

certify, under the pains and penalties of perjury, that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required by state law.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**13. STATEMENT OF APPLICANT:**

I hereby certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that all statements made in this application and all information submitted in connection with this application are true in every respect, and that misstatements and omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license, or other disciplinary action as appropriate.

I hereby authorize all hospitals, institutions, organizations, my references, personal physicians, employers, and all governmental agencies and instrumentalities (local, state, federal and foreign) to release to the Massachusetts Committee on Acupuncture any information, files or records requested by the Committee.

I hereby certify that I have read the acupuncture regulations contained in 243 CMR 4.00 and 243 CMR 5.00.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Continued on page 6)**

**NATIONAL PROVIDER IDENTIFIER (NPI)**

The primary purpose of the NPI is to uniquely identify health care providers as “health care providers” in HIPAA standard transactions. The NPI will replace all other identifiers assigned to health care providers, such as those assigned by health plans, government programs and health care purchasers for purposes of conducting these business transactions.

Under the final HIPAA NPI Rule, all individual and organization covered providers were required to obtain an NPI by May 23, 2007.

In order for a Acupuncture license to be issued, you must supply the Committee on Acupuncture with your valid NPI. You can apply for an NPI directly by using the NPPES website at [www.NPPES.cms.hhs.gov](http://www.NPPES.cms.hhs.gov).

My current NPI is:

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**Penalties for Falsifying Information on the National Provider Identifier Application**

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE MAKE A COPY OF ALL PAGES OF YOUR ACUPUNCTURE APPLICATION AND ALL ATTACHMENTS BEFORE MAILING FOR YOUR RECORDS, FOR CREDENTIALING AND OTHER PURPOSES.**